

SENATE BILL REPORT

SSB 5360

As Passed Senate, March 9, 2009

Title: An act relating to community health care collaborative grants.

Brief Description: Establishing a community health care collaborative grant program.

Sponsors: Senate Committee on Health & Long-Term Care (originally sponsored by Senators Keiser, Brandland, Franklin, Murray, Brown, Ranker, Fraser, Parlette and Kohl-Welles).

Brief History:

Committee Activity: Health & Long-Term Care: 2/19/09, 2/23/09 [DPS, w/oRec].
Passed Senate: 3/09/09, 47-0.

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5360 be substituted therefor, and the substitute bill do pass.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Fairley, Marr and Murray.

Minority Report: That it be referred without recommendation.

Signed by Senators Pflug, Ranking Minority Member; Becker and Parlette.

Staff: Rhoda Donkin (786-7465)

Background: The Community Health Care Collaborative (CHCC) Grant Program was established by the Legislature in 2006 to enhance and support the efforts of collaborative community-based organizations in developing health care delivery models that could be duplicated throughout the state. The program was created because the Legislature found that community-based health care organizations had been able to increase access to care and improve quality care, especially to uninsured and underinsured persons. The Washington State Health Care Authority (HCA) was authorized to provide competitive grant awards to eligible community-based organizations, in consultation with the Department of Health, the Department of Social and Health Services, and the Office of the Insurance Commissioner. The program became effective in July 2006 and is due to expire on June 30, 2009.

In an evaluation of the program issued in 2008, results showed that the CHCC had provided services to over 60,000 people who needed access to care. It also demonstrated significant coordination of volunteer medical services, and an ability to leverage outside funding. The

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

report recommended a continued state role supporting and sustaining community-based health care collaboratives.

Summary of Substitute Bill: The CHCC Grant Program is established to further efforts of community-based coalitions to increase access to appropriate, affordable health care, especially for employed, low income persons and children in school who are uninsured and underinsured. The HCA is authorized to award two-year grants with funds appropriated for this purpose. Eligibility criteria for receiving grants is described for applicants serving a defined geographic region. The grants will be awarded competitively based on each applicants ability to show measurable improvement in health care access and quality, collaboration with key community partners, success leveraging funds from other sources, sustainability, and innovative approaches to serving their geographic region.

On July 1 of each even-numbered fiscal year, HCA must provide the Governor and the Legislature with an evaluation of the program, including its impact, results of performance measures, and recommendations.

Appropriation: None.

Fiscal Note: Not requested.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: The CHCC helps provide a safety net in communities where access to services is threatened. The collaborative has reduced unnecessary emergency room use, expanded the services of free clinics, and offered a model to communities demonstrating that collaboration accomplishes the goal of expanding access to care. The CHCC has used innovative care coordination which has helped manage some of the ongoing shortages of primary care in underserved areas. The CHCC helps extend communication and information resources, and it has brought together funding sources. This is a good investment for the state. It is an example that the whole is greater than the sum of the parts.

Persons Testifying: PRO: Representative Driscoll, Holly Greenwood, Communities Connect; Kristen West, Choice Regional Health Network; Dr. Kevin Haughton, St. Peter Hospital Family Practice; Renee Dunham, Mark Reed Hospital Healthcare Clinic; Vicki Kirkpatrick, Mason County Public Health; Dennis Martin, HCA.